

Village of Cold Spring Historic District Review Board

85 Main St Cold Spring New York 10516 (845) 265-3611

Application for Certificate of Appropriateness

Applicant:

Name: _____ Fee Paid: None

Address: _____ Tax Map #: _____

Telephone: _____

Applicant's Signature: _____

Owner (leave blank if the same as Applicant):

Name: _____

Address: _____

Owner's Signature: _____

Name and Addresses of Neighboring Owners (see instruction sheet):

Briefly describe work proposed, attach additional sheets and drawings as required.
(see instruction sheet).

To Apply: Submit your completed application no later than the last Friday of the month preceding the Review Board meeting. The review board meets regularly on the second Wednesday of every month at 8pm at the Village Office, 85 Main St, Cold Spring NY 10516.